

Naval Support Activity-Bethesda EIS / Master Plan Update
Planning Board Hearing, Oct. 18, 2012.

I am Phil Alperson, Montgomery County BRAC Coordinator in the Office of County Executive Leggett. Thank you for allowing me to share my views with the Planning Board

In a nutshell, the Traffic Study says:

- Current traffic conditions around the Walter Reed National Military Medical Center indicate that predictions made prior to the BRAC integration process in Bethesda, which was completed in the fall of 2011, overestimated the impacts of post-integration traffic and that BRAC has had relatively little significant impact on traffic in the area.
- Long-range predictions, to 2018, indicate that traffic will operate at a slightly improved level than it did prior to BRAC integration.

In my view, post-BRAC traffic counts do not reflect the true nature of current traffic around the Medical Center. Indeed, traffic in the area, especially along Rockville Pike, is so congested that the study could not derive accurate readings. In other words, traffic may not seem much different than before BRAC – clearly it is still very bad – but the fact is that traffic right now is dramatically worse than before. The Traffic Study itself says:

“While the three intersections listed above [Old Georgetown Road & Oakmont Avenue/Cedar Lane, Rockville Pike & Cedar Lane, and Connecticut Avenue & Jones Bridge Road & Kensington Parkway] operate at levels beyond the acceptable range, it is acknowledged that several of the intersections along Rockville Pike experience significant delay due to heavy congestion in the area and that as a result, traffic progression is compromised.” (Page D-3-15, Appendix D)

Transportation planners typically rate the performance of intersections – Level of Service, or LoS – on a scale of A through F, much like a school report card. LoS A means that traffic flows smoothly, while LoS F means the intersection is failing with gridlock-like conditions.

However, this rating system does not truly represent the conditions near the Medical Center. Certain intersections were at LoS F prior to 2011 and continue to be rated at LoS F today. Does this mean the Level of Service at these intersections have not changed since the BRAC process was completed last fall? It absolutely has changed. While the Navy must be commended for encouraging its personnel to utilize transit and other commuting options, the simple fact is that more personnel and patients are coming to the area, many by car.

Like a school report card, the grading system doesn't tell the whole story. If your child gets a 60 on a test, that's a failing grade and you would be concerned. But if your child got a 20 on a test, then that would be of much greater concern even though the grade is still an F.

Similarly, if an intersection in the Rockville Pike corridor was rated LoS F before BRAC, it would still be rated LoS F after BRAC – even though there are more vehicles and congestion is consistently worse than before. The Level of Service system should not stop at F – it should keep going to reflect the true state of affairs. What is the actual Level of Service today at the intersections along Rockville Pike? We don't know, because the rating system stops at F. It should keep going – to G, H, I, or whatever letter represents the actual Level of Service.

Increased traffic resulting from growth at Walter Reed-Bethesda represents the quandary in which we find ourselves. Walter Reed is empowered to provide world class care to our military family and we enthusiastically support this mission. But the result is more traffic coming to an already congested and developed area.

Particularly in the afternoon, traffic routinely backs up well into downtown Bethesda and into Chevy Chase. If we consider the actual impacts of BRAC and further proposed expansion at both Walter Reed and NIH on the Level of Service in the area, then I am convinced that the projects designed by the Montgomery County Department of Transportation and the State Highway Administration to mitigate BRAC-related traffic are more justified than ever. These include the Multimodal Crossing Project at the Medical Center Metro Station and four major intersection improvement projects at Rockville Pike & Cedar Lane, Connecticut Avenue & Jones Bridge Road, Rockville Pike & Jones Bridge Road, and Old Georgetown Road & Cedar Lane. These projects are in addition to projects that are already complete: the County's enhancements to area bike paths and sidewalks and the Navy's improvements at its five gates on Rockville Pike and Jones Bridge Road.

In this regard, the longer-range projections of the Navy's EIS to 2018 indicate that traffic will show a slight improvement over pre-BRAC levels – even though personnel at the Medical Center will have increased by 33% and daily visits to the campus by 100% since the BRAC process was completed last fall. This projected improvement is largely attributable to the anticipated completion of the traffic mitigation projects I have described that have been fully funding and have begun, or will soon begin, construction.

These projects do not promise to make traffic disappear. But they can make it operate somewhat better, even though more people will be coming to the area. Our projects take a comprehensive, multi-modal approach that encourages alternative modes of transportation while offering short-term improvements that allow vehicles and pedestrians to move more efficiently and safely through the area.

County Executive Leggett will continue to work with the Planning Board and other community stakeholders to implement these projects in a manner that best supports the

regional transportation network while respecting the impacted neighborhoods around the Medical Center.

Thank you again for allowing me to share my views.

Phil Alperson

Montgomery County BRAC Coordinator

Base Realignment and Closure -- Welcoming Walter Reed

National Military Medical Center to Bethesda, MD

Office of County Executive Ike Leggett

101 Monroe Street, 10th Floor, Room 1031

Rockville, MD 20850

phone: 240-777-2595

fax: 240-777-2517

phil.alperson@montgomerycountymd.gov

www.montgomerycountymd.gov/brac

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